

An Overview of Work-Related Injuries in Connecticut and Nationwide

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What will we discuss?

- Agencies with workplace health and safety responsibilities
- CT and US work-related injury statistics (types, severity)
- Occupational injury disparities
- Data gaps... who is/isn't getting counted
- Workplace injury prevention as opioid-use prevention
- Q&A

Occupational Health and Safety Agencies

OSHA – Occupational Safety and Health Administration (DOL)

- Main regulatory authority for US workplaces
- Enforces standards outlined in the OSH Act (PELs)
- Federal agency and state-plans

NIOSH – National Institute for Occupational Safety and Health (HHS/CDC)

- Main research agency for workplace safety and health
- Sampling methodologies (RELs)
- Evaluation of Personal Protective Equipment

Occupational Health and Safety Agencies

Others?

Workers' Compensation Commission

Universities and other academic institutions

Labor Unions and Industry/Trade Orgs. (CBIA, CCIA, MAC)

Insurers

Occupational Medicine Clinics

CT DPH's Public Health Approach to Occupational Health

Problem  Response

Surveillance:
What is the problem?

Risk Factor Identification:
What is the cause?

Intervention Evaluation:
What works?

Implementation:
How do you do it?



- BLS Ann. Survey
- Physician-based surveillance
- CFOI
- Med. monitoring
- OH Indicators

- Job haz. assess.
- Work histories
- NIOSH HHEs
- IH assessments
- OSHA inspections
- MSDSs

- Industrial Hygiene
- OSHA Regs.
- NIOSH Standards
- Industry best practices
- Control Banding

- Hierarchy of Controls
- Management/Labor coalitions
- OSHA Consultation
- OSHA citat./penalties
- State/Local agencies

Non-fatal Work-related Injuries – CT and US

- ~ 40K recordable injuries in CT workplaces (30-50%? Less?)

- Overall recordable injury rate

in CT = 3.8 per 100 FTE
in US = 3.3 per 100 FTE

Rates by industry sector (private)	CT	US
Construction	4.1	3.7
Manufacturing	4.1	3.6
Transportation	5.3	4.6
Hospitals	7.9	6.0
Nursing Homes	10.4	7.4

Non-fatal Work-related Injuries – CT and US

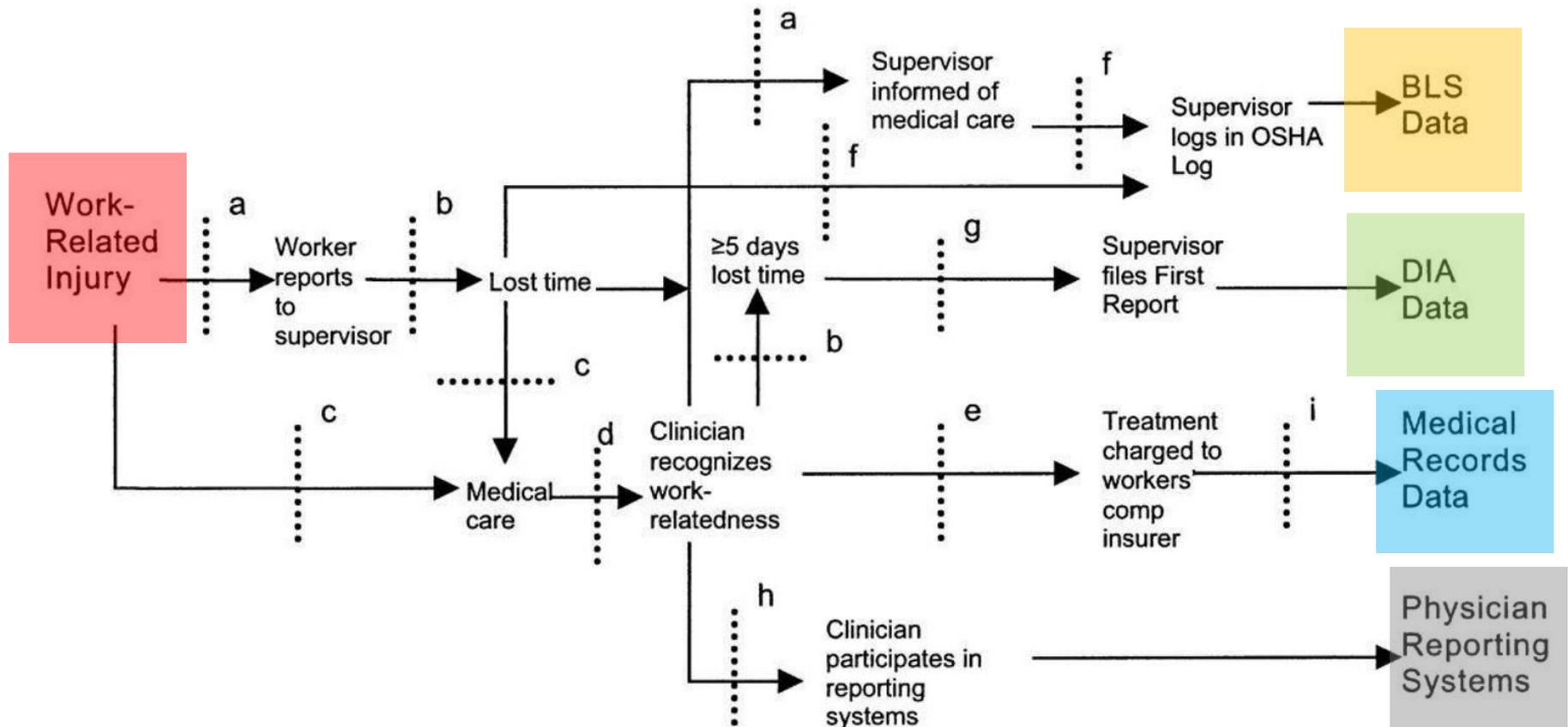
Healthcare sector (public vs. private)

	CT	US
Hospitals	7.4 (vs. 7.9)	5.6 (vs. 6.0)
Nursing Homes	18.0 (vs. 10.4)	8.0 (vs. 7.4)

Public Safety Occupations

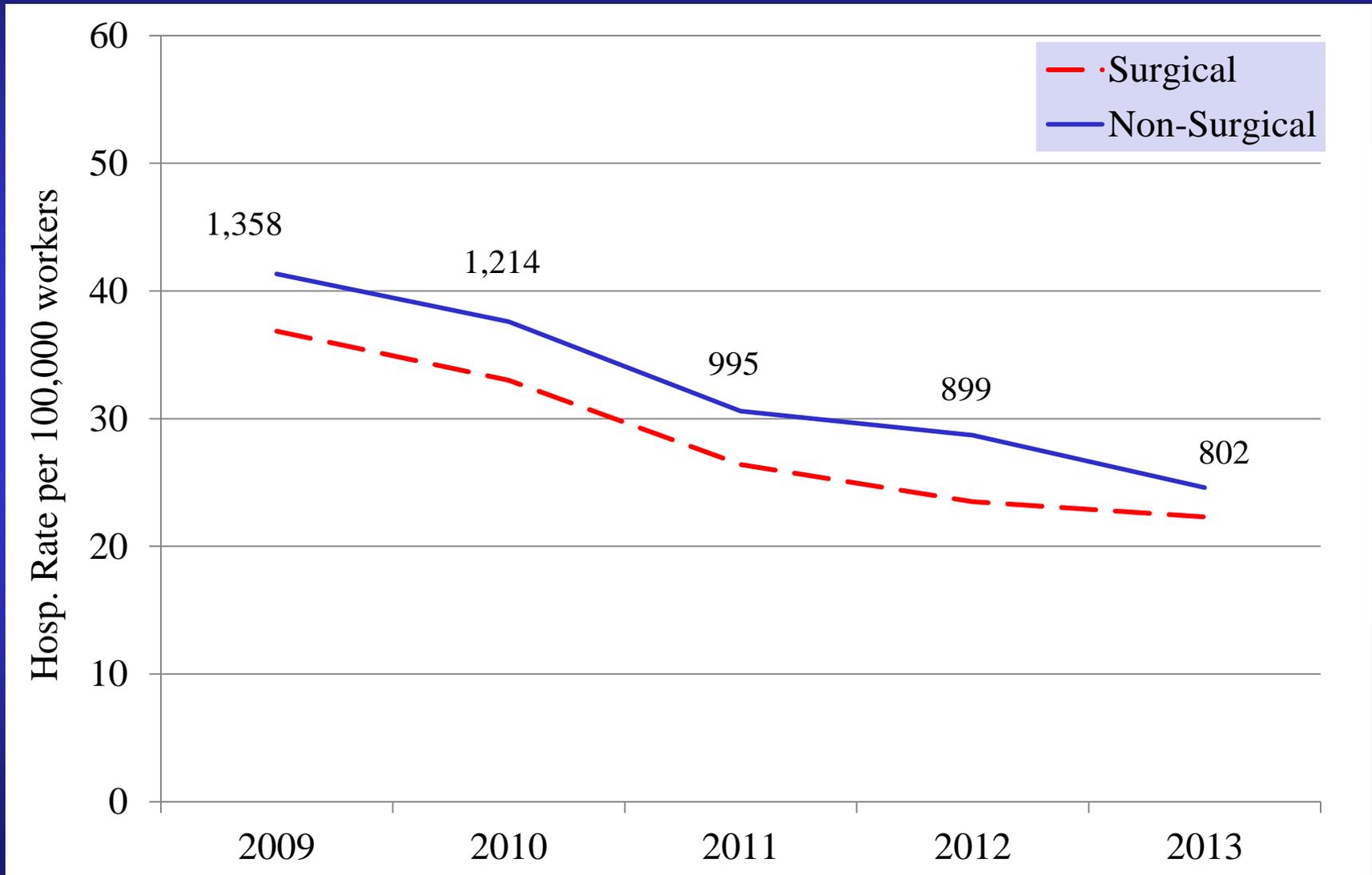
Police Protection	18.4	10.2
Fire Protection	15.0	10.1

Work-related Injuries Are Underestimated

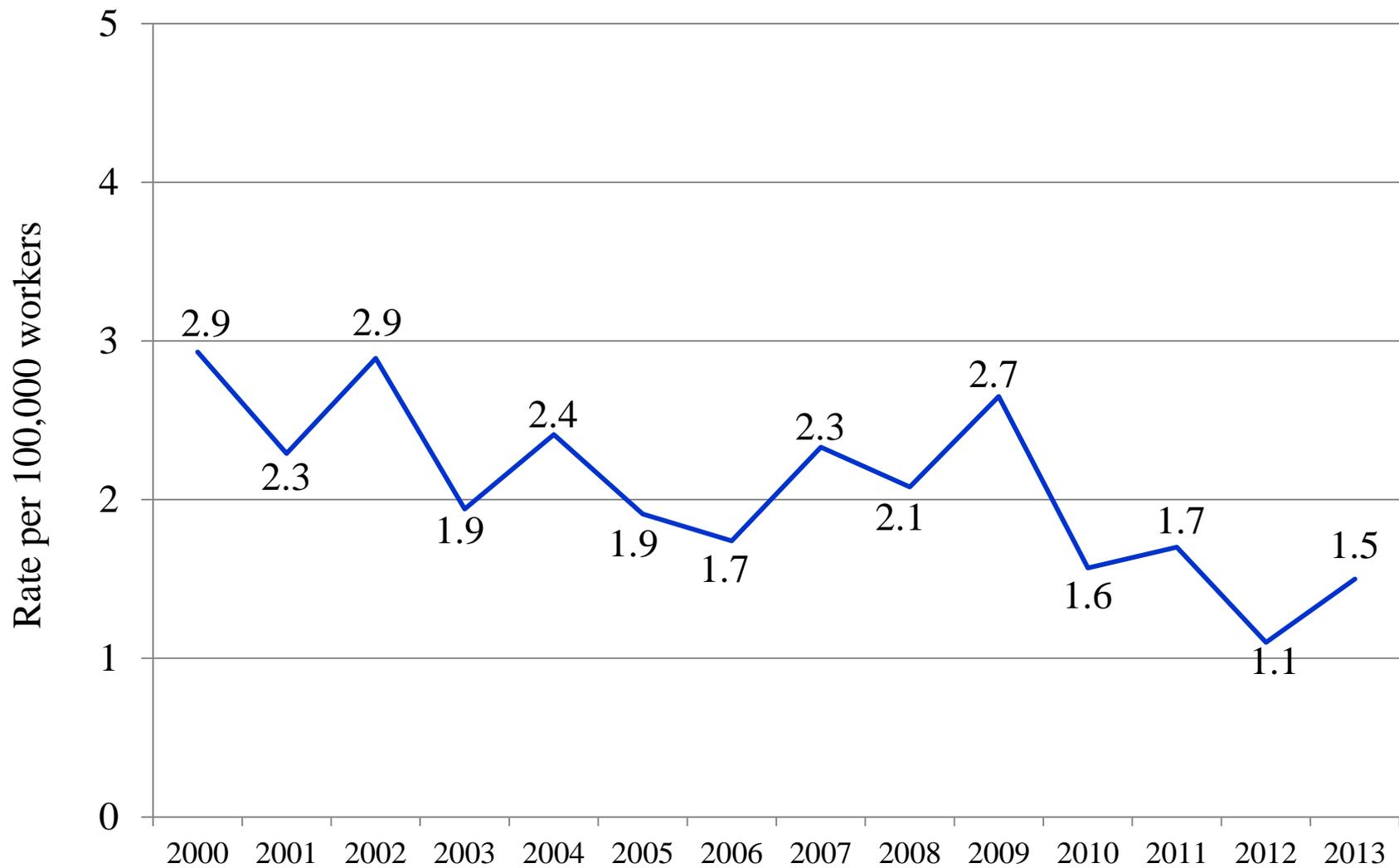


Source: Lenore S. Azaroff, ScD, Charles Levenstein, PhD, MOH, and David H. Wegman, MD, MPH
Occupational Injury and Illness Surveillance: Conceptual Filters Explain Underreporting.
 Am J Public Health. 2002 September; 92(9): 1421–1429.

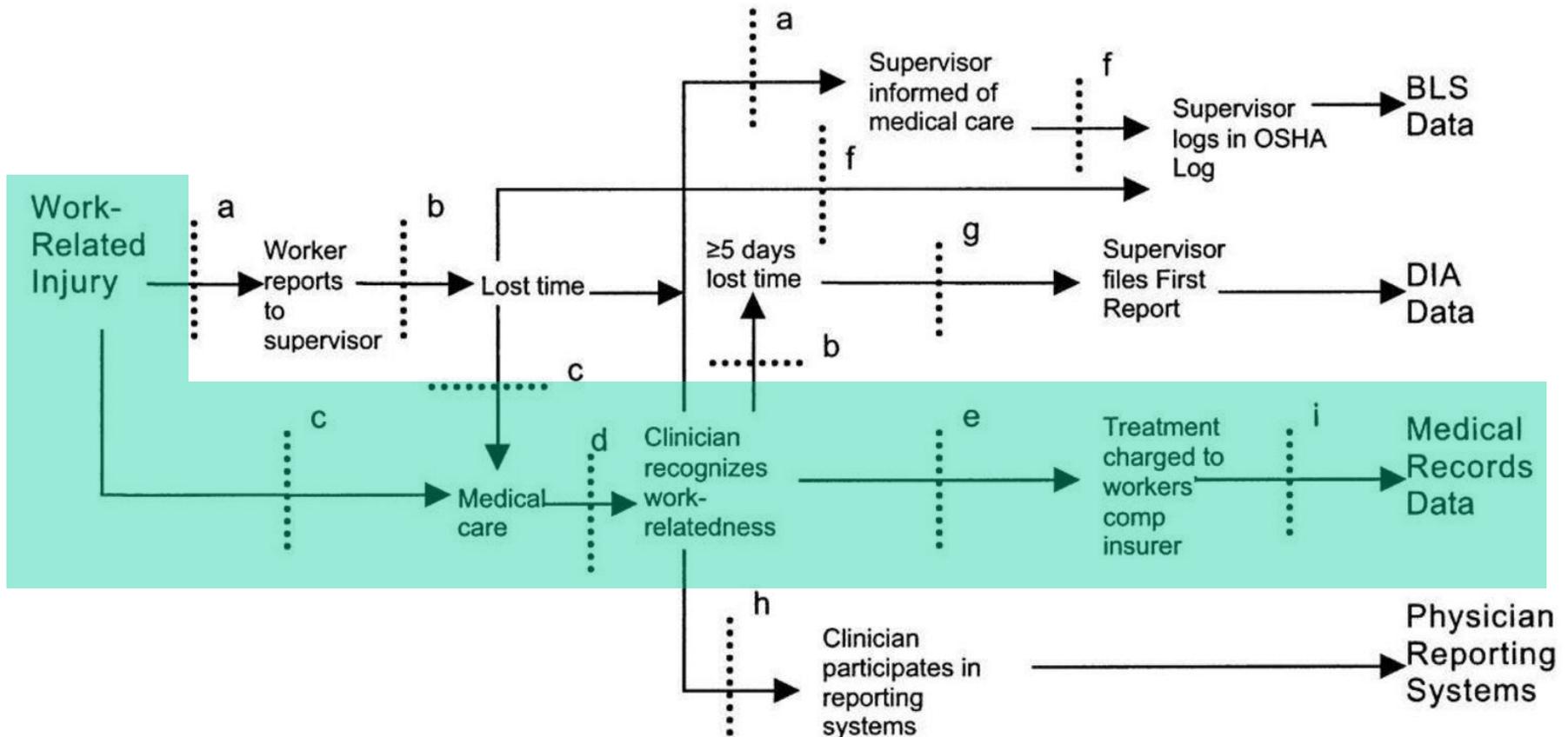
Low-Back Disorder Hospitalizations



Workplace Burn Hospitalizations

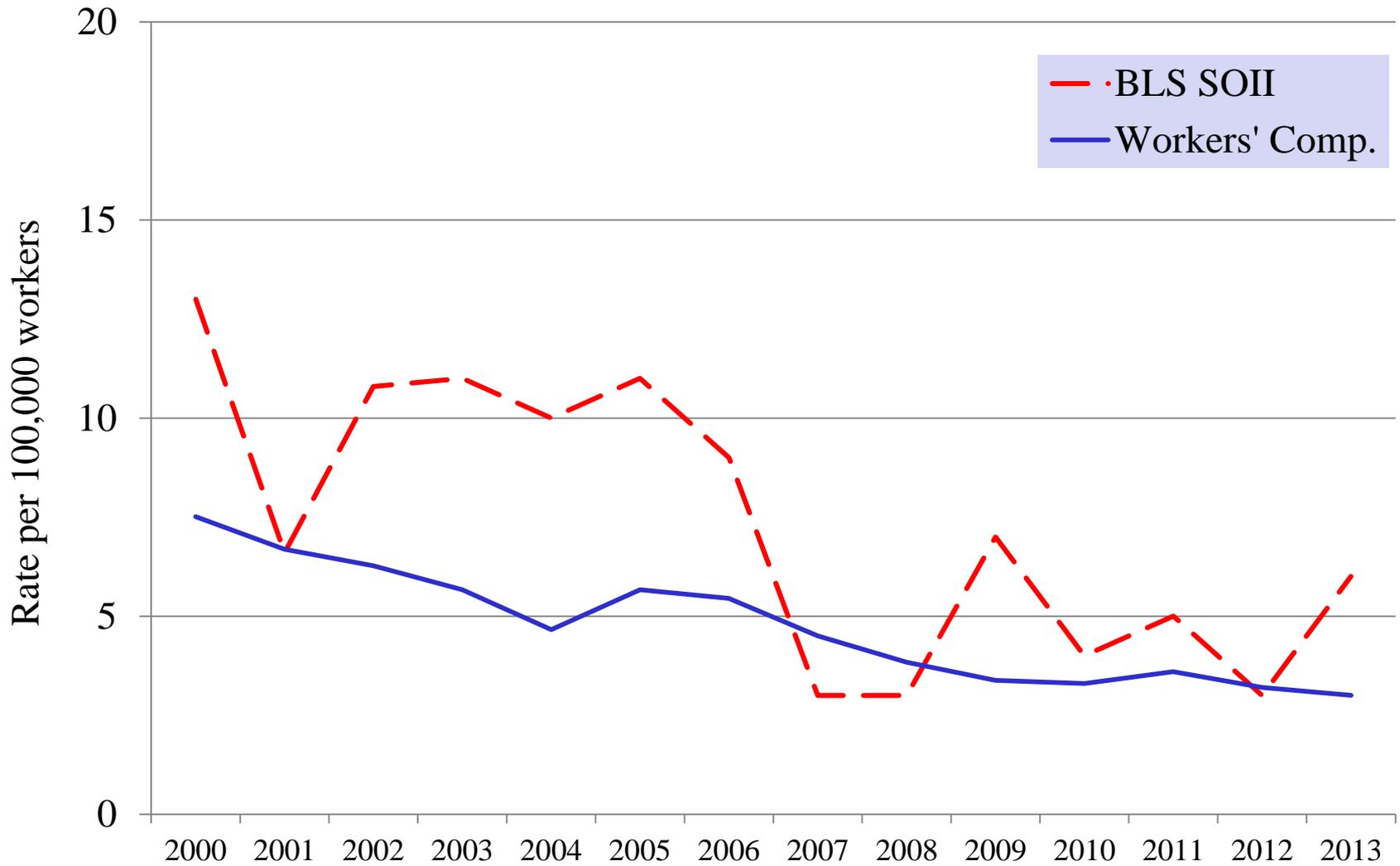


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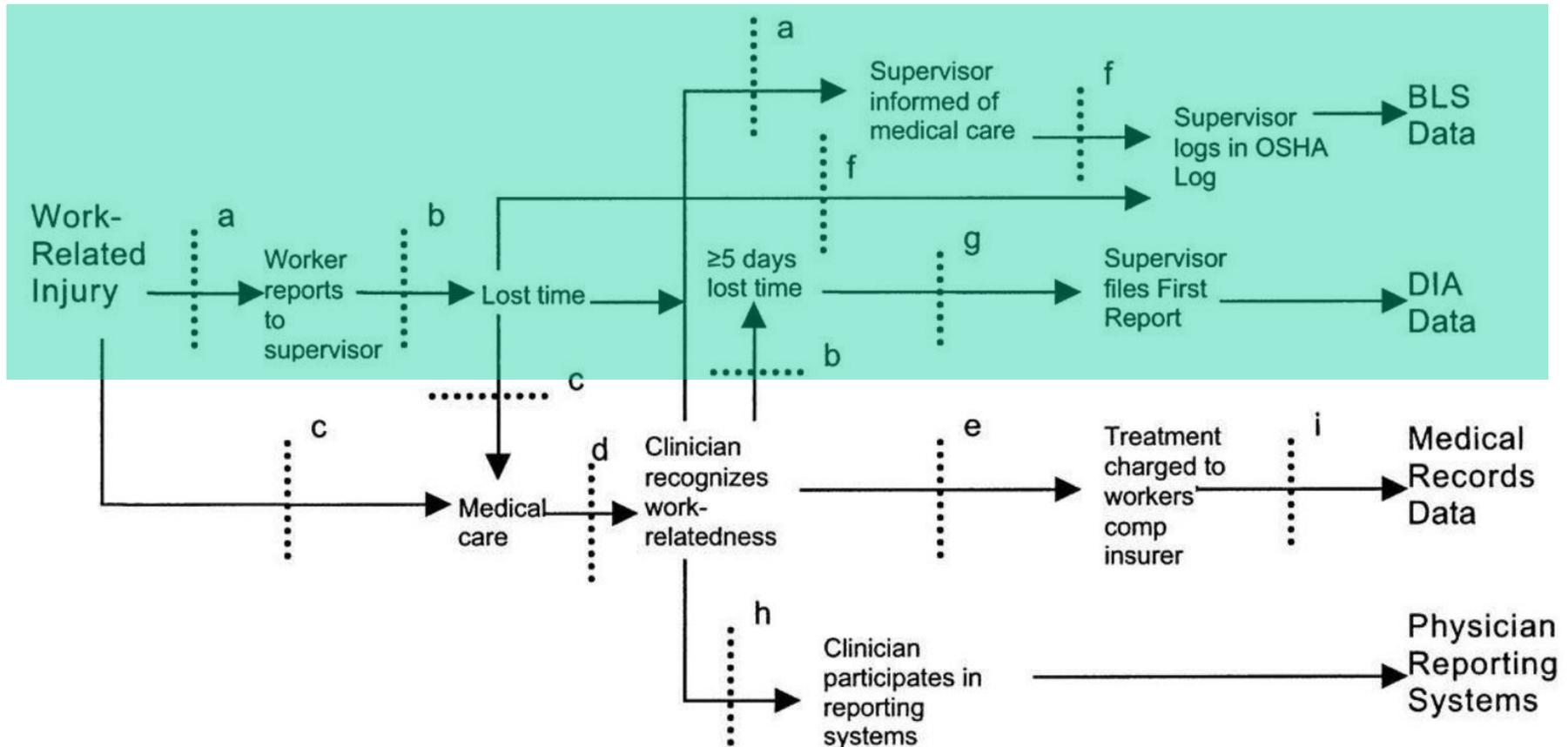


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Workplace Lost-Time Amputations



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Minority Workers at Risk in CT

- Non-fatal injury rate in Hispanic workers in CT is about 2½-times greater than the rate for non-Hispanic workers
- Fatal injury rate in Hispanic workers in CT is closer to 3-times greater than the rate for White, non-Hispanic workers
- Non-White workers represent only 14% of the workforce in CT but represent 32% of all worker fatalities in the state
- Hispanic workers account for 9% of the young worker population in CT, but represent 22% of the young worker population visiting ERs for work-related injuries

Relationship between Work-related Injuries and Opioid Use/Abuse

Known: Some % of 1.5 million CT workers are injured each year.

Unknown: What % of injured workers are prescribed opioids?

Known: Preventing work-related injuries will reduce opioid prescribing and use.

Unknown: How big is the potential impact of that prevention?

Known: Opioid prescribing has increased in the last decade. Some % of those prescriptions lead to addiction and abuse.

Unknown: How many of those addicted to opioids began their use after a work-related injury?

Relationship between Work-related Injuries and Opioid Use/Abuse

